

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
	<input type="checkbox"/> Non-Construction		

5. APPLICANT INFORMATION

Legal Name:		Organizational Unit:	
Organizational DUNS:		Department:	
Address:		Division:	
Street:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City:		Prefix:	First Name:
County:		Middle Name	
State:		Last Name	
Zip Code	Suffix:		
Country:		Email:	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): □□-□□□□□□□□	Phone Number (give area code)	Fax Number (give area code)
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8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify)
9. NAME OF FEDERAL AGENCY:	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): □□-□□□□	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
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13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: Ending Date:	a. Applicant b. Project

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix	First Name	Middle Name
Last Name		Suffix
b. Title		c. Telephone Number (give area code)
d. Signature of Authorized Representative		e. Date Signed

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:																
1.	Select Type of Submission.	11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.																
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).	12.	List only the largest political entities affected (e.g., State, counties, cities).																
3.	State use only (if applicable).	13.	Enter the proposed start date and end date of the project.																
4.	Enter Date Received by Federal Agency Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.	14.	List the applicant's Congressional District and any District(s) affected by the program or project																
5.	Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.	15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.																
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.	16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.																
7.	Select the appropriate letter in the space provided. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table>	A. State	I. State Controlled Institution of Higher Learning	B. County	J. Private University	C. Municipal	K. Indian Tribe	D. Township	L. Individual	E. Interstate	M. Profit Organization	F. Intermunicipal	N. Other (Specify)	G. Special District	O. Not for Profit Organization	H. Independent School District		17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
A. State	I. State Controlled Institution of Higher Learning																		
B. County	J. Private University																		
C. Municipal	K. Indian Tribe																		
D. Township	L. Individual																		
E. Interstate	M. Profit Organization																		
F. Intermunicipal	N. Other (Specify)																		
G. Special District	O. Not for Profit Organization																		
H. Independent School District																			
8.	Select the type from the following list: <ul style="list-style-type: none"> • "New" means a new assistance award. • "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. • "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> 	A. Increase Award	B. Decrease Award	C. Increase Duration	D. Decrease Duration	18.	To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)												
A. Increase Award	B. Decrease Award																		
C. Increase Duration	D. Decrease Duration																		
9.	Name of Federal agency from which assistance is being requested with this application.																		
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.																		

U.S. Department of Energy
Assurance of Compliance
Nondiscrimination in Federally Assisted Programs

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422 - GTN, Paperwork Reduction Project (1910-0400), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0400), Washington, DC 20503.

_____ (Hereinafter called the "Applicant")
HEREBY AGREES to comply with Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), Section 16 of the Federal Energy Administration Act of 1974 (Pub. L. 93-275), Section 401 of the Energy Reorganization Act of 1974 (Pub. L. 93-438), Title IX of the Education Amendments of 1972, as amended, (Pub. L. 92-318, Pub. L. 93-568, and Pub. L. 94-482), Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), the Age Discrimination Act of 1975 (Pub. L. 94-135), Title VIII of the Civil Rights Act of 1968 (Pub. L. 90-284), the Department of Energy Organization Act of 1977 (Pub. L. 95-91), the Energy Conservation and Production Act of 1976, as amended, (Pub. L. 94-385) and Title 10, Code of Federal Regulations, Part 1040. In accordance with the above laws and regulations issued pursuant thereto, the Applicant agrees to assure that no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity in which the Applicant receives Federal assistance from the Department of Energy.

Applicability and Period of Obligation

In the case of any service, financial aid, covered employment, equipment, property, or structure provided, leased, or improved with Federal assistance extended to the Applicant by the Department of Energy, this assurance obligates the Applicant for the period during which Federal assistance is extended. In the case of any transfer of such service, financial aid, equipment, property, or structure, this assurance obligates the transferee for the period during which Federal assistance is extended. If any personal property is so provided, this assurance obligates the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance obligates the Applicant for the period during which the Federal assistance is extended to the Applicant by the Department of Energy.

Employment Practices

Where a primary objective of the Federal assistance is to provide employment or where the Applicant's employment practices affect the delivery of services in programs or activities resulting from Federal assistance extended by the Department, the Applicant agrees not to discriminate on the ground of race, color, national origin, sex, age, or disability, in its employment practices. Such employment practices may include, but are not limited to, recruitment, advertising, hiring, layoff or termination, promotion, demotion, transfer, rates of pay, training and participation in upward mobility programs; or other forms of compensation and use of facilities.

Subrecipient Assurance

The Applicant shall require any individual, organization, or other entity with whom it subcontracts, subgrants, or subleases for the purpose of providing any service, financial aid, equipment, property, or structure to comply with laws and regulations cited above. To this end, the subrecipient shall be required to sign a written assurance form; however, the obligation of both recipient and subrecipient to ensure compliance is not relieved by the collection or submission of written assurance forms.

Data Collection and Access to Records

The Applicant agrees to compile and maintain information pertaining to programs or activities developed as a result of the Applicant's receipt of Federal assistance from the Department of Energy. Such information shall include, but is not limited to the following: (1) the manner in which services are or will be provided and related data necessary for determining whether any persons are or will be denied such services on the basis of prohibited discrimination; (2) the population eligible to be served by race, color, national origin, sex, age and disability; (3) data regarding covered employment including use or planned use of bilingual public contact employees serving beneficiaries of the program where necessary to permit effective participation by beneficiaries unable to speak or understand English; (4) the location of existing or proposed facilities connected with the program and related information adequate for determining whether the location has or will have the effect of unnecessarily denying access to any person on the basis of prohibited discrimination; (5) the present or proposed membership by race, color, national origin, sex, age and disability in any planning or advisory body which is an integral part of the program; and (6) any additional written data determined by the Department of Energy to be relevant to the obligation to assure compliance by recipients with laws cited in the first paragraph of this assurance.

The Applicant agrees to submit requested data to the Department of Energy regarding programs and activities developed by the Applicant from the use of Federal assistance funds extended by the Department of Energy. Facilities of the Applicant (including the physical plants, buildings, or other structures) and all records, books, accounts, and other sources of information pertinent to the Applicant's compliance with the civil rights laws shall be made available for inspection during normal business hours on request of an officer or employee of the Department of Energy specifically authorized to make such inspections. Instructions in this regard will be provided by the Director, Office of Civil Rights, U.S. Department of Energy.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts (excluding procurement contracts), property, discounts or other Federal assistance extended after the date hereof, to the Applicants by the Department of Energy, including installment payments on account after such data of application for Federal assistance which are approved before such date. The Applicant recognizes and agrees that such Federal assistance will be extended in reliance upon the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, the successors, transferees, and assignees, as well as the person(s) whose signatures appear below and who are authorized to sign this assurance on behalf of the Applicant.

Applicant Certification

The Applicant certifies that it has complied, or that, within 90 days of the date of the grant, it will comply with all applicable requirements of 10 C.F.R. § 1040.5 (a copy will be furnished to the Applicant upon written request to DOE).

Designated Responsible Employee

Name and Title (Printed or Typed) ()

Telephone Number

Signature _____
Date

Applicant's Name ()

Telephone Number

Address: _____
Date

Authorized Official:
President, Chief Executive Officer
or Authorized Designee

Name and Title (Printed or Typed) ()

Telephone Number

Signature _____
Date

DOE F 4620.1

(04-93)

All Other Editions Are Obsolete

U.S. Department of Energy
Budget Page
(See reverse for Instructions)

OMB Control No.

1910-1400

OMB Burden Disclosure
Statement on Reverse

ORGANIZATION
Budget Page No:
PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR
Requested Duration: (Months)
A. SENIOR PERSONNEL: PI/PD, Co-PI's, Faculty and Other Senior Associates
DOE Funded Person-mos.
CAL ACAD SUMR
Funds Requested by Applicant
Funds Granted by DOE
B. OTHER PERSONNEL (SHOW NUMBERS IN BRACKETS)
1. POST DOCTORAL ASSOCIATES
2. OTHER PROFESSIONAL (TECHNICIAN, PROGRAMMER, ETC.)
3. GRADUATE STUDENTS
4. UNDERGRADUATE STUDENTS
5. SECRETARIAL - CLERICAL
6. OTHER
C. FRINGE BENEFITS (IF CHARGED AS DIRECT COSTS)
TOTAL SALARIES, WAGES AND FRINGE BENEFITS (A+B+C)
D. PERMANENT EQUIPMENT (LIST ITEM AND DOLLAR AMOUNT FOR EACH ITEM.)
TOTAL PERMANENT EQUIPMENT
E. TRAVEL
1. DOMESTIC (INCL. CANADA AND U.S. POSSESSIONS)
2. FOREIGN
TOTAL TRAVEL
F. TRAINEE/PARTICIPANT COSTS
1. STIPENDS (Itemize levels, types + totals on budget justification page)
2. TUITION & FEES
3. TRAINEE TRAVEL
4. OTHER (fully explain on justification page)
TOTAL PARTICIPANTS () TOTAL COST
G. OTHER DIRECT COSTS
1. MATERIALS AND SUPPLIES
2. PUBLICATION COSTS/DOCUMENTATION/DISSEMINATION
3. CONSULTANT SERVICES
4. COMPUTER (ADPE) SERVICES
5. SUBCONTRACTS
6. OTHER
TOTAL OTHER DIRECT COSTS
H. TOTAL DIRECT COSTS (A THROUGH G)
I. INDIRECT COSTS (SPECIFY RATE AND BASE)
TOTAL INDIRECT COSTS
J. TOTAL DIRECT AND INDIRECT COSTS (H+I)
K. AMOUNT OF ANY REQUIRED COST SHARING FROM NON-FEDERAL SOURCES
L. TOTAL COST OF PROJECT (J+K)

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1. DOMESTIC (INCL. CANADA AND U.S. POSSESSIONS)
2. FOREIGN
TOTAL TRAVEL
F. TRAINEE/PARTICIPANT COSTS
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DOE Funded Person-mos. Funds Requested Funds Granted
CAL ACAD SUMR by Applicant by DOE
1.
2.
3.
4.
5.
6. () OTHERS (LIST INDIVIDUALLY ON BUDGET EXPLANATION PAGE)
7. () TOTAL SENIOR PERSONNEL (1-6)
B. OTHER PERSONNEL (SHOW NUMBERS IN BRACKETS)
1. () POST DOCTORAL ASSOCIATES
2. () OTHER PROFESSIONAL (TECHNICIAN, PROGRAMMER, ETC.)
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Office of Science

**INSTRUCTIONS FOR COMPLETING
BUDGET PAGE (DOE Form 4620.1)**

1. General

- a. Each new, renewal and supplemental application must contain Budget Pages in this format unless a pertinent program notice guideline specifically provides otherwise. A separate Budget Page must be completed for each year of support requested.
- b. Continuation funding will not require a budget page unless the amount proposed for funding is either 25% over or under the original recommended amount of support for that period. A cover letter signed by the applicant organization official and the Principal Investigator (PI) must accompany this budget and should be forwarded to the U.S. Department of Energy (DOE) Project Officer listed in item 11 of the DOE Financial Assistance Award.
- c. Duplication of this form and instructions may be done by applicants as DOE will not provide additional copies beyond what is contained in the application kit and guide.

EACH BUDGET ITEM MUST BE JUSTIFIED ON CONTINUATION PAGES FOLLOWING THE BUDGET PAGE.

In addition to a full discussion of the budget items needed to carry out the proposed work the following information is mandatory to be included on the budget justification continuation pages in order to be considered a complete application.

- A. "Senior Personnel": List any personnel, funds requested for salary, and the number of person months to be funded. Include any additions in Item A6 on the Budget Page.
- B. All "Other Personnel": Must be listed individually, their rate of pay and % as well as length of time working on the project. Also include a written narrative that fully justifies the need for all requested personnel.
- C. "Fringe Benefits": Must include the current fringe benefit rate established for the applicant organization as well as the total cost or a list of cost and type for each individual employed on the project. Tuition remission for undergraduate or graduate students working on the project must be included in this category or listed as a separate line item in the "Other Category" depending on the applicant organization's system of reporting.
- D. "Equipment": List each item, its cost and reason it is needed for the project.
- E. "Travel": List each trip's destination, dates, estimated cost including transportation and subsistence, number of staff traveling and the purpose of the travel and how it relates to the project. This category should include the amounts needed for staff on the project as well as for travel associated with any consultants working on the project.

F. "Trainee/Participant Costs": Educational projects that intend to support trainees (precollege, college, graduate and post graduate) must list each trainee cost that includes stipend levels and amounts, cost of tuition for each trainee, cost of any travel (provide the same information as that needed under the regular travel category, Item E), and costs for any other related training expenses. Participant costs are those costs associated with conferences, workshops, symposia or institutes and the breakout items should indicate the number of participants, cost for each participant, purpose of the conference, dates and places of meetings and any related administrative expenses.

G. "Other Direct Costs".

1. Materials & Supplies: Indicate types required and estimate costs.
2. Publication Costs/Documentation/Dissemination: Estimate cost of preparing and publishing project results.
3. Consultant Services: Indicate name, daily compensation, number of days service required and justify.
4. Computer (ADP) Services: Include justification based on established computer service rates at the proposing institution. Purchase of equipment is included under D.
5. Subcontracts: Include a budget and justify details.
6. Other: Itemize and justify details. Under this item list tuition remission for students employed to work on this project listed under personnel category. (Do not include tuition remission if this cost is included under the fringe benefit category).

H. Total Direct Costs: (A through G)

I. Indirect Costs: Specify current rate(s) and base(s). Use current rate(s) negotiated with the cognizant Federal negotiating Agency.

J. Total Direct and Indirect Costs: (H + I)

K. Amount of any required cost-sharing from non-Federal sources.

L. Total Cost of Project (J + K)

The personnel categories listed in Part A and Part B of the Budget Page are defined as follows:

A. Senior Personnel

- 1-5. (Co) Principal Investigator(s) are individual(s) so designated by the grantee institution. A Faculty Associate (faculty member) is an individual other than the Principal Investigator who is considered by the performing institution to be a

member of its faculty or who holds an appointment as a faculty member at another institution, and who will participate in the project being supported.

B. Other Personnel

1. A Postdoctoral Associate is an individual who received a Ph.D., M.D., D.Sc. or equivalent degree less than 5 years ago, who is not a member of the faculty of the performing institution, and who is not reported under Senior personnel above.

2. Other Professional is a person who may or may not hold a doctoral degree or its equivalent who is considered professional and is not reported as a Principal Investigator, faculty associate, postdoctoral associate, or student. Examples of persons included in this category are doctoral associates not reported under B1 above, professional technicians, mathematicians, physicians, veterinarians, systems experts, computer programmers, and design engineers.

3. A Graduate Student (Research assistant) is a part-time or full-time student working on the project in research capacity who holds at least a bachelor's degree or its equivalent and is enrolled in a degree program leading to an advanced degree.

4. An Undergraduate Student is a student who is enrolled in a degree program (part-time or full-time) leading to a bachelor's degree.

5&6. These include persons working on the project in a non- research capacity such as secretaries, clerk-typists, draftsmen, animal caretakers, electricians, and custodial personnel, regardless of whether they hold a degree or are involved in degree work.

NOTE: Any personnel category for which funds are requested should indicate the number of persons expected to receive some support and where called for on the budget format, the full-time equivalent (FTE) person-months to the nearest tenth.

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, HR-4.3, Paperwork Reduction Project (1910-1400), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-1400), Washington, DC 20503.